FEC

STATEMENT OF

FORM 1	ORGANIZATI	ION		
1 Ollivi 1	(See instructions)		Offic	ce use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
DelBene for C	ongress			
ADDRESS (number and	street) PO Box 1406			
(Check if address is changed)	; <u> </u>			
	Bellevue		LWA LL	98009 -
	CIT	Y.	STATE	ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail a	address)		
(Check if address is changed)	info@delbeneforcongres	s.com		
			11111	
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	http://www.delbeneforco	ngress.com		
is changed)			1 1 1 1 1 1	<u> </u>
2. DATE 0.3				
3. FEC IDENTIFICA	TION NUMBER C (C00459099		
4. IS THIS STATEM	MENT X NEW (N) OR	AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my knowledg	e and belief it is true, correct and	complete	
Type or Print Name of	Treasurer Philip E Lloyd			
Signature of Treasurer	Electronically Filed by Philip E Lloyd		Date 03	18 Y Y Y Y Y 9 9
NOTE: Submission of fa	lse, erroneous, or incomplete information may subj	ect the person signing this State	ment to the penalties o	f 2 U.S.C. S437a
Caphilippion of la	ANY CHANGE IN INFORMATION			2.0.0. 0 10/9.
Office Use Only		For further information or Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)